Using EMDR Therapy to Heal Your Past: Interview with Creator Francine Shapiro

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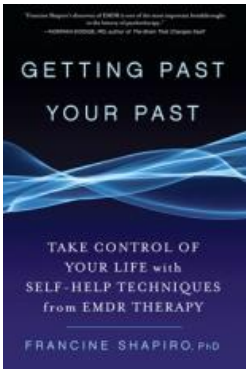
Francine Shapiro, Ph.D, first discovered and developed EMDR therapy (Eye Movement Desensitization and Reprocessing) in 1987 to help people process traumatic memories.

Today, EMDR is recognized by the US Department of Defense and the American Psychiatric Association as an effective treatment for post-traumatic stress disorder (PTSD).



Traumatic memories come in many types. While some may involve violence or physical abuse, others involve everyday life experiences, such as relationship problems or unemployment, according to Shapiro in her recently published book, *Getting Past Your Past: Take Control of Your Life with Self-Help Techniques from EMDR Therapy*. These everyday experiences also can produce symptoms of PTSD.

In our interview, Shapiro talks more about the book and reveals how she discovered EMDR along with the inner workings of the treatment, its effectiveness for PTSD and much more.

1. How did you discover EMDR?

I discovered the effects of the eye movements that are now used in EMDR therapy one day as I was taking a walk. I noticed that disturbing thoughts I had been having had disappeared and when I brought them back they didn't have the same "charge." I was puzzled since I hadn't done anything deliberately to deal with them.

So I started paying careful attention and noticed that when that kind of thought came up, my eyes started moving rapidly in a certain way and the thoughts shifted out of consciousness. When I brought them back they were less bothersome.

So, I started doing it deliberately and found the same results. Then I experimented with about 70 people. During that time, I developed additional procedures to achieve consistent effects.

I tested the procedures in a randomized study that was published in the *Journal of Traumatic Stress* in 1989. Then I continued the development of the procedures and published a textbook on EMDR therapy in 1995.

2. Can you give us a glimpse into an EMDR session with a client with PTSD?

EMDR therapy is an eight-phase approach. It begins with a history-taking phase that identifies the current problems and the earlier experiences that have set the foundation for the different symptoms, and what is needed for a fulfilling future.

Then a preparation phase prepares the client for memory processing. The memory is accessed in a certain way and processing proceeds with the client attending briefly to different parts of the memory while the information processing system of the brain is stimulated.

Brief sets of eye movements, taps or tones are used (for approximately 30 seconds) during which time the brain makes the needed connections that transform the "stuck memory" into a learning experience and take it to an adaptive resolution. New emotions, thoughts and memories can emerge.

What is useful is learned, and what is now useless (the negative reactions, emotions and thoughts) is discarded. A rape victim, for example, may begin with feelings of shame and fear, but at the end of the session report: "The shame is his, not mine. I'm a strong resilient woman."

3. EMDR helps clients process their experiences, but they don't necessarily have to discuss the details or relive them. So how does EMDR help clients process problematic experiences?

There are very few research-supported trauma treatments. The other two besides EMDR that are best known ask the client to describe the memory in detail because it is necessary for the therapy procedures that are used.
In one of these (Prolonged Exposure therapy), the clients are asked to describe the memory in detail 2-3 times during the session as if reliving it. The rationale for this treatment is that "avoidance" is causing the problem to persist and the clients need to learn that they can experience the disturbance without going crazy or being overwhelmed. For the same reasons, they are also asked to listen to recordings of the event for homework and visit places they previously avoided in order to allow the disturbance to abate.

The other form of treatment (Cognitive Processing Therapy) asks clients for details of the event in order to determine what negative beliefs they hold so they can be challenged and changed. This is done during sessions and with homework.

In EMDR therapy, the emphasis is on allowing the information processing system of the brain to make the internal connections needed to resolve the disturbance. So, the person only needs to focus briefly on the disturbing memory as the internal associations are made.
A Harvard researcher has published a couple of articles detailing how the eye movements in EMDR therapy seem to link into the same processes that occur during rapid eye movement (REM) sleep. This is the time that dreams take place and the brain processes survival information.

According to the theory, the memory is then transferred from episodic memory, which holds the emotions, physical sensations and beliefs that were stored at the time of the original event, into semantic memory networks, where the person has "digested" the experience so that the accurate personal meaning of the life event has been extracted and those negative visceral reactions no longer exist.

In an EMDR session you can observe these connections being made as learning rapidly takes place through the internal connections.

4. Is there an explanation why trying to reproduce REM responses helps people recover from PTSD? In other words, do we understand the underlying mechanism any better yet?

There are now about a dozen randomized studies that have examined the effects of the eye movement component in the context of the REM hypotheses. They have found supportive

results such as decreases in physiological arousal, increases in episodic associations and increased recognition of true information.

Another dozen studies have shown that the eye movements serve to disrupt working memory.

About another dozen studies using brain scans have observed significant neurophysiological pre-post EMDR therapy changes, including an increase in hippocampal volume.

However, there are still more questions to be answered. In fact, there is no definitive neurobiological understanding as to why any form of therapy, as well as most pharmaceuticals, works.

5. Since EMDR therapy is done by a trained professional, what kinds of self-help techniques do you discuss in the book that take from the EMDR world of techniques and theory? (Please give an example or two of specific techniques mentioned in the book).

I've included a wide range of self-help techniques that will allow people to (a) manage stress, (b) change their emotions, physical sensations and negative thoughts in the present, (c) help get rid of negative intrusive images, (d) identify situations that trigger these kinds of reactions and help prepare for them in advance, and (e) identify the unprocessed memories that are causing the negative reactions.

Additional techniques include ones taught to Olympic athletes to achieve peak performance. These can also help people prepare for future challenges such as presentations, job interviews and social situations.

6. Where does EMDR's effectiveness stand in relation to other treatments for PTSD? Is it now the "go-to" treatment for PTSD?

EMDR therapy is supported by more than 20 randomized studies and is recognized as an effective trauma treatment worldwide by organizations such as the US Department of Defense and the American Psychiatric Association.
As I mentioned, there are very few research-supported treatments for PTSD. For instance, most practice guidelines only recognize trauma-focused cognitive behavior therapy (TF-CBT) and EMDR therapy as effective. However, the most widely used forms of TF-CBT require the client to describe the memory in detail and do 1-2 hours of daily homework.

In contrast, with EMDR therapy, all the work is done during the session, and those people who feel too ashamed to talk about the event don't need to do it.

Also, three EMDR studies have reported an 84-100 percent remission of PTSD from a single trauma in the equivalent of three 90-minute reprocessing sessions.

So, while complex PTSD, such as from pervasive childhood trauma, will definitely need more extensive treatment than three sessions, in most cases it doesn't take long for the client to derive benefit. It's not like some versions of talk therapy where change is not expected to be apparent for many months, or even years.

7. EMDR's widespread use seemingly was limited in its early days, and there was some criticism in professional circles for the way it was disseminated (often through expensive seminars and workshops). If you had to do it over again, would you still take that same route?

The criticism in the early days came about because at that time I was a behavioral psychologist. If I had introduced EMDR primarily in psychodynamic circles there wouldn't have been a problem.

In those days, many members of the Association for the Advancement of Behavior Therapy believed that therapy procedures should be conducted by manual and trainings should be unnecessary. We exchanged letters that were published in the organization newsletter. Many argued that there was no problem with people using procedures without training.

When I stated that the procedures were too complex for that and needed supervised workshops, I was accused of advocating the equivalent of "psychoanalysis." However, I believed then and still do that clinician training is mandatory because client safety is paramount.

At this point, it is widely recognized that workshops in both EMDR therapy and CBT are needed to ensure that procedures are done appropriately. In EMDR therapy trainings, we have always provided one trainer for each nine participants so that clinicians could be supervised while giving and receiving the therapy procedures. I think it is vital that therapists be appropriately trained before they work with clients. So, I wouldn't change that at all.

However, I originally named the procedure "eye movement desensitization" because, as a behaviorist, I compared it to systematic desensitization and believed that the eye movements were primarily reducing anxiety.

After I published the first article in 1989, I realized that much more was happening than that and added the word "reprocessing" to the name in 1990. If I had to do it over, I'd simply name it Reprocessing therapy.

8. Is there something from EMDR that could be generalized to helping people live more mentally healthy, even if they don't have a PTSD concern?

Recent research has shown that certain types of life experiences can cause more PTSD symptoms than major trauma. It has also been documented that negative childhood experiences can cause later problems.

EMDR therapy addresses the life experiences that set the foundation for a wide range of clinical complaints involving negative emotions, physical sensations, thoughts, beliefs, behaviors and relationship difficulties. It also incorporates procedures to address future concerns and challenges.

9. Anything else you'd like readers to know about EMDR?

It is important to make sure that clinicians are trained in workshops certified by the EMDR Association in their region. In the US, that is the EMDR International Association (www.emdria.org). It is an independent professional organization that sets standards for both training and clinical practice. There are comparable national EMDR organizations in most countries, as well as regional associations such as EMDR Iberoamerica, EMDR Europe and EMDR Asia.

Unfortunately, there are substandard trainings taking place in the US that only teach parts of the therapy and are one-third the length of the approved trainings. Many clinicians don't know that the trainings are substandard, so it's important that clients interview clinicians to make sure they have been appropriately trained. In *Getting Past Your Past*, I provide a list of questions to ask to help make sure a prospective clinician will be a good fit for you.

In addition, I'd like readers to know about the work of our non-profit organization, EMDR Humanitarian Assistance Programs (HAP) (www.emdrhap.org). It provides support for underserved populations throughout the US and worldwide. An important goal for HAP is to bring education about trauma to the public thereby increasing awareness that PTSD can be treated and cured.

We also provide pro bono EMDR therapy training to clinicians in areas of ethnopolitical and religious violence. Unprocessed memories of humiliations and conflict can prevent mediation attempts and keep people separated. Unhealed trauma can also cause anger in men and depression in women that prevent them from bonding with their children. This, in turn, contributes to violence in the present, and poisons the next generation. We are doing our best to support the peace process in many parts of the world.

In addition, HAP volunteers have provided pro bono services to trauma victims globally after both man-made and natural disasters, such as the earthquake in Haiti and the tsunamis in Asia.

In the US, this has included projects involving victims of 9/11, Katrina, and Columbine. Pro bono EMDR therapy for combat veterans is also available at various locations. You can help with those efforts by donations and outreach assistance. Royalties for *Getting Past Your Past* are being donated to the organization, so readers can simultaneously help themselves and others.

Source

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https://psychcentral.com/lib/using-emdr-therapy-to-heal-your-past-interview-with-creator-francine-shapiro/